

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		8 320 93
EXAMINER	UBD	329 93
TYPIST	349	329
VERIFIER	347	3-29-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 2	2/3/93
3 4	2/4/93
5 6	2/11/93
7 8	2/10/93
9 10	
11 12	
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SYMBOLS

- Rejected
- Allowed
- Cancelled
- Restricted
- + Non-elected
- Interference
- Appeal
- Office

Claim	Date
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